

## **Registration form**

Please complete this form to register your interest in Clifton High School. The Admissions Department will then contact you with all the necessary information. There is no registration fee.

PLEASE USE BLOCK CAPITALS					
Child's surname:		Date of birth:		Gender: Male	Female
Child's forename:		Proposed date of admission (term and year):			
Child's middle name(s):		Proposed year group of entry:			
Name generally used:		Nationality:			
Country of birth:		Ethnicity:			
Visa status: CAS number issued Visa applied for	Visa issued				
Parents' Details					
	Parent A		Parent B		
Name (with title):					
Relationship to child:					
Home telephone number:					
Work telephone number:					
Mobile telephone number:					
Please indicate preferred telephone number for School to contact you on:					
Address (with postcode):					
Email address:					
Occupation:					
Employer:					
School attended:					
Date of birth:					
Will the child be living at the above address?	Yes No		Yes	No	
Guardian details if applicable (please note that the	e appointment of a	guardian is compulsor	y if both pa	arents are non-UK	residents)
Title:		Email address:			
Name:		Home telephone number:			
Address:		Work telephone number:			
		Mobile telephone number:			
Occupation:		Please indicate preferred telephone number for School			
Nationality:		to contact your child's guardian:			
Please mention here the names of any other mem may have with the School:	bers of your famil	y who attended Clifton	High Schoo	ol or any other con	nection you